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Department of Developmental Services**



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**TESTIMONY OF THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
TO THE
SELECT COMMITTEE ON CHILDREN
Informational Forum on Autism
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Senator Musto, Representative Urban, Senator Boucher, Representative Hovey and members of the Select Committee on Children. I am Peter O'Meara, Commissioner of Developmental Services. Thank you for the opportunity to discuss the Department of Developmental Services' (DDS) supports and services for individuals with autism.

First, I would like to provide you with a little background regarding the Department of Developmental Services (DDS). DDS provides services and supports to individuals with mental retardation. Services are not an entitlement, but rather are provided based upon available appropriations and allocated based upon individual level of need. In order to be eligible for DDS services, individuals must meet the definition of mental retardation pursuant to Conn. Gen. Stat. Section 1-1g. Thus, aside from the Autism Pilot Program and the Birth to Three System, an individual with autism would also have to have a diagnosis of mental retardation in order to be eligible for services from the department.

The Department of Developmental Services (DDS) provides services and supports to approximately 1,475 individuals who are diagnosed with an autism spectrum disorders (ASD) and have a diagnosis of mental retardation. This represents approximately 16% of the DDS population of individuals with mental retardation. DDS provides these consumers with supports and services through two Medicaid Home and Community based waivers. DDS is in the process of developing a third Home and Community based waiver for individuals who have graduated or aged out of school-based services and are eligible for day service supports from the department.

Each year the department has received funding in the budget to provide day services to individuals who are eligible for DDS services and who are exiting from school-funded services due to graduation or reaching the age of twenty-one. The department begins to plan for this transition from school services to DDS day services when the child is approximately 16 years of age. DDS has transition coordinators who work with the individuals, families, schools, the Bureau of Rehabilitation Services (BRS), a DDS case manager and day service providers to develop an appropriate transition for each individual. This year the department was funded for 225 individuals, who have graduated or aged-out of school-based services.

Other autism services for children and adolescents are provided by the department through the DDS-Voluntary Services Program (VSP), which currently provides services to 452 children and adolescents. Of these individuals served by VSP, approximately 25% to 35% have a diagnosis of an Autism Spectrum Disorder (ASD). The DDS-Voluntary Services Program is primarily an in-home program designed to support children and adolescents who have intellectual disabilities and who have behavioral or mental health needs. The program is designed so that the child and family can learn the skills necessary to decrease the child's challenging behaviors while replacing them with positive behaviors and functional skill development.

Pursuant to Section 37 of Public Act 06-188, the Department of Developmental Services (DDS) was required to establish a small pilot program for adults who have autism spectrum disorders but do not have a diagnosis mental retardation and therefore would not be eligible to receive services from DDS. Public Act 07-4 JSS required DDS to establish a Division of Autism Services. DDS's Division of Autism Services is currently providing supports and services to approximately 60 adults with an autism spectrum disorder.

The Division of Autism Services is currently developing three Medicaid Home and Community Based waivers specific to individuals with an autism spectrum disorder and who do not have a diagnosis of mental retardation. These proposed waivers would cover: 1) the adult population that is currently receiving services with the Autism Division, 2) children with a diagnosis of autism who are clients of Department of Children and Families' (DCF) voluntary services program, and 3) adults with autism who are being served by Department of Mental Health and Addiction Services (DMHAS). DDS is hoping that these three autism waivers can be implemented by the fall of 2010.

The Connecticut Birth to Three System, administered by the Department of Developmental Services, is currently providing services to approximately 300 children with a diagnosis of autism who are typically between the ages of 18 months and 36 months. The department contracts with ten autism-specific early intervention programs, three early intervention programs for children who are deaf or hard-of-hearing, and thirty-two general early intervention programs.

Although those in the field of autism service provision may disagree about certain things, the one thing that is generally agreed upon is the need for children to be identified early and to begin to receive services as early as possible. In response to this need for early intervention, the Birth to Three System has made three fundamental changes.

(1) Every child referred to Birth to Three, who is at least 16 months-old, now receives an autism screening as a routine part of every initial evaluation. If the screening reveals certain indicators for autism, the parent is offered a referral to one of the ten autism-specific programs for an autism assessment. If a child has already been screened by a doctor and autism is suspected prior to the child's referral to Birth to Three, the child, with parental consent, is referred directly to one of the autism-specific early intervention programs that will perform an initial evaluation that includes an autism assessment.

(2) Each of the ten autism-specific programs has the capacity to assess children to determine whether they meet the educational criteria for the classification of autism found in the federal Individuals with Disabilities Act (IDEA). Each of these programs also has the capacity to provide a DSM-IV diagnosis as required by Connecticut's autism insurance coverage requirement. This has significantly shortened the wait for a child's diagnosis of autism.

(3) Autism-specific programs are better able to provide intensive services with staff trained and experienced in providing services to children with autism. Current department data shows an average of 47 hours of direct service per month provided by the autism-specific programs compared to children whose families chose to stay with one of the general early intervention programs that averaged 38 hours

of direct service per month. As of the end of January 2010, there were 253 children with autism enrolled in the autism-specific early intervention programs and 42 children with autism in the general early intervention programs. Although under the federal IDEA the state is obligated to offer appropriate types and frequency of services, there is little research specific to children under the age of three to indicate what might be appropriate.

There is a significant cost for providing autism-specific Birth to Three services. The 10 hours per week of direct service (the state average) for a toddler with autism costs approximately \$35,000 per year while the cost of services for most children in Birth to Three is \$8,352 per year. For this year, the department estimates that it will pay the ten autism-specific early intervention programs \$8.4 million after insurance reimbursement, which is a significant portion of DDS's current deficiency for FY10. Although the department will attempt to offset some of these costs through the new autism insurance coverage when parents give their consent for billing their insurance, it will only cover a portion of the children who have traditional indemnity plan coverage, which has historically been less than 50% of the children. At this time, DDS does not yet know what rates most Connecticut insurance plans will actually be paying for the behavioral therapy component of the autism-specific early intervention services or how many parents would be willing to give their consent to insurance billing.

Thank you for the opportunity to discuss our supports and services for individuals with autism and we would be happy to talk further with the committee about this issue. Please contact Rod O'Connor, DDS Legislative Liaison at (860) 418-6130 if you have any questions.